03-23-01

Ì ATTORNEY DOCKET NO.: P-8777 Express Mail EL844550326US

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

PATENT	
Total Pages	

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Robert W. Stadler, Bruce D. Gunderson, Jeffrey M. Gillberg, Walter H. Olson TITLE: METHOD AND APPARATUS FOR DETECTION AND TREATMENT OF TACHYCARDIA AND FIBRILLATION

jc962 U.S. PTO

Assistant Commissioner for Patents **BOX PATENT APPLICATION** 

Commissioner of Patents and Trademarks

Washington, D.C. 20231

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No EL844550326US, on this 21ST day of MARCH\_

FRAYDAM NITSCHKE



We are transmitting herewith the attached:  X Patent Application Transmittal  X Specification:	
Total pages: 24 (including claims and abstract:Spec. 22 sheets; Claims 2 sheets; Abstract  X Drawings:  Total sheets: 4	
Total sheets: 4	
formal X informal  Combined Declaration and Power of Attorney: (UNSIGNED)	,
X 🗯 Combined Declaration and Power of Attorney: (UNSIGNED)	
newly executed copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application is hereby incorporated by reference therein.	ition and
Accompanying application parts:  Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet Information Disclosure Statement PTO Form 1449 Copies of IDS citations Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application.  Return Postcard	
F A CONTINUING APPLICATION:	
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No	
☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ conti	nuation -
Cancel in this application original claimsof the prior application before calculating the filir (At least the original independent claim must be retained for filing purposes.)	ıg fee.
☐ The prior application is assigned of record to Medtronic, Inc.	
The Power of Attorney in the prior application is to:	

X This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) 60/191,075 , filed MARCH 21, 2000...

X Address all future correspondence to:

GIRMA WOLDE-MICHAEL, Reg. No. 36,724

Medtronic, Inc., MS 301 7000 Central Avenue NE Minneapolis, Minnesota 55432 phone: (763)514-6402

FEE CALCULATION	No. of Claims Filed	Claims Includ Base Fee	ed in	No. of Extra Claims	Rate	Fee
Total Claims	5	20	==	0	x 18	0
Independent Claims	1	3	=	0	x 80	0
Multiple Dependent Claims	0				+ 270	0
Basic Filing Fee						710
					TOTAL	710

Charge Deposit Account No. 13-2546 the sum of \$710.00 (Filing Fee) for a total of **\$710.00**. The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546.. A duplicate of this transmittal is enclosed.

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GIRMA WOLDE-MICHAEL, Reg. No. 36,724

MEDTRONIC, INC.

7000 Central Avenue N.E. Minneapolis, Minnesota 55432

Telephone: (763) 514-6402